



## Cephalgia among Obstructive Sleep Apnea Patients in Sleep Laboratory, Mitra Kemayoran Hospital, Jakarta

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### Background

Cephalgia and sleep disorders are closely related; especially in Obstructive Sleep Apnea (OSA)

### Objective

To evaluate frequency of cephalgia among Obstructive Sleep Apnea patients

### Method

A cross-sectional study was done on sleep disorder patients in sleep laboratory Mitra Kemayoran Hospital Jakarta, from January until Desember 2007.

### Result

There were 65 patients, only 4 has no OSA based on PSG examination; 21.3% were mild, 23.0% moderate and 55.7% severe OSA. Men consisted of 98.4%. Mostly more than 45 years of age (57.4% - mean  $43.86 \pm 13.87$  years).

Mean Body Mass Index (BMI) 26.53 (SD 5.14). Mean neck circumference 44.84 cm (SD 7.99). Mean Apnea Hypopnea Index (AHI) 38.90 (SD 25.55) and lowest Oxygen saturation 72.40% (SD 11.17). Forty-two people had OSA and cephalgia (68.9%) with mean AHI 43.25 (SD 25.28), BMI 26.99 (SD 5.52), neck circumference 45.92 cm (SD 8.18) and oxygen saturation 71.69 (SD 11.50).

### Conclusion

Cephalgia often followed sleep disorder OSA; this co-morbidity warrants better management.

**Keyword:** Cephalgia, Obstructive Sleep Apnea (OSA)

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## Myasthenia Gravis: Current Review

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### Abstract

Myasthenia gravis (MG) is an acquired autoimmune disorder characterized clinically by weakness of skeletal muscles and fatigability on exercise. Weakness increases during the day and improves with rest. Extraocular muscle (EOM) weakness or ptosis is present initially in 50% of patients and 90% occurs during the course of illness.

AChE inhibitors and immunomodulating therapies are the mainstays of treatment. In mild form, AChE inhibitors are used. Important risk factors for poor prognosis include age older than 40 years, a progressive disease, and thymoma.

**Key words :** myasthenia - immunology - diagnosis - treatment - prognosis

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## Rabies : Diagnosis and Management

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### Abstract

Rabies is an acute viral infection affecting central nervous system with 100% mortality. Rabies is a vaccine-preventable zoonotic disease, and safe and effective vaccines are available, but it remains a major health problem in Asia, Africa, South America. In Indonesia rabies cases are reported from almost all provinces. Lack of vaccine and immunoglobulin availability and its cost make the majority did not get proper treatments.

Mortality is reported approximately 55,000 / year, mostly men (7 : 3), 30-50 % are children under 15 years. The most common biting animals are dogs (90 %), mostly in lower extremities.

Incubation period varies from 7 days to more than one year, mostly 1 – 3 months. Virus reaches central nerve system through peripheral nerves, multiplies in brain neuron and moves to motoric and autonomic nerve systems. Clinical manifestations comprises 4 stages : prodromal, acute neurologic symptoms, central nerve system impairments, coma. Most patients show furious state, some show paralytic type. Death is due to cardiorespiratory failure. Diagnosis mostly based on very specific clinical presentations. Other examinations are viral isolation, RT-PCR, rapid fluorescent antibody test, histopathologic examination.

Management include patient isolation, early wound treatment, tetanus toxoid/ immunoglobulin, antibiotics, anti rabies vaccine, anti rabies immunoglobulin, symptomatic and supportive treatments, treatments of complications. Early and proper treatments can give 100 % survival rate, but if virus has reached central nervous system mortality is 100 %.

Prevention measures are control in animals and wild dogs, animals vaccination, pre-exposure vaccination for high risk people, including travellers to endemic areas.

**Key words:** Rabies, furious, paralytic, mortality.

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